

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000213170

**Entity Name:** SBPS #4 JI LLC

**Current Principal Place of Business:**

323 SAINT JOHNS FOREST BLVD  
SAINT JOHN, FL 32259

**Current Mailing Address:**

323 SAINT JOHNS FOREST BLVD  
SAINT JOHN, FL 32259

**FEI Number:** 83-1862056

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SINGH, GURPREET  
323 SAINT JOHNS FOREST BLVD  
SAINT JOHN, FL 32259 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SINGH, GURPREET	Name	SINGH, YOUGEETA
Address	323 SAINT JOHNS FOREST BLVD	Address	323 SAINT JOHNS FOREST BLVD
City-State-Zip:	SAINT JOHNS FL 32259	City-State-Zip:	SAINT JOHNS FL 32259

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GURPREET SINGH

04/26/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date